NEW ENGLAND DEACONESS HOSPITAL

The stone relief pictured on the cover was located above the main entrance to the Deaconess building until 1952 when it was broken while being lowered to the ground to facilitate the construction of the corridor between the Central and Deaconess buildings. The relief commemorated the establishment of the New England Deaconess Home and Training School in 1889. Twelve years later, the Home and Training School and the Deaconess Hospital were reincorporated as the New England Deaconess Association.

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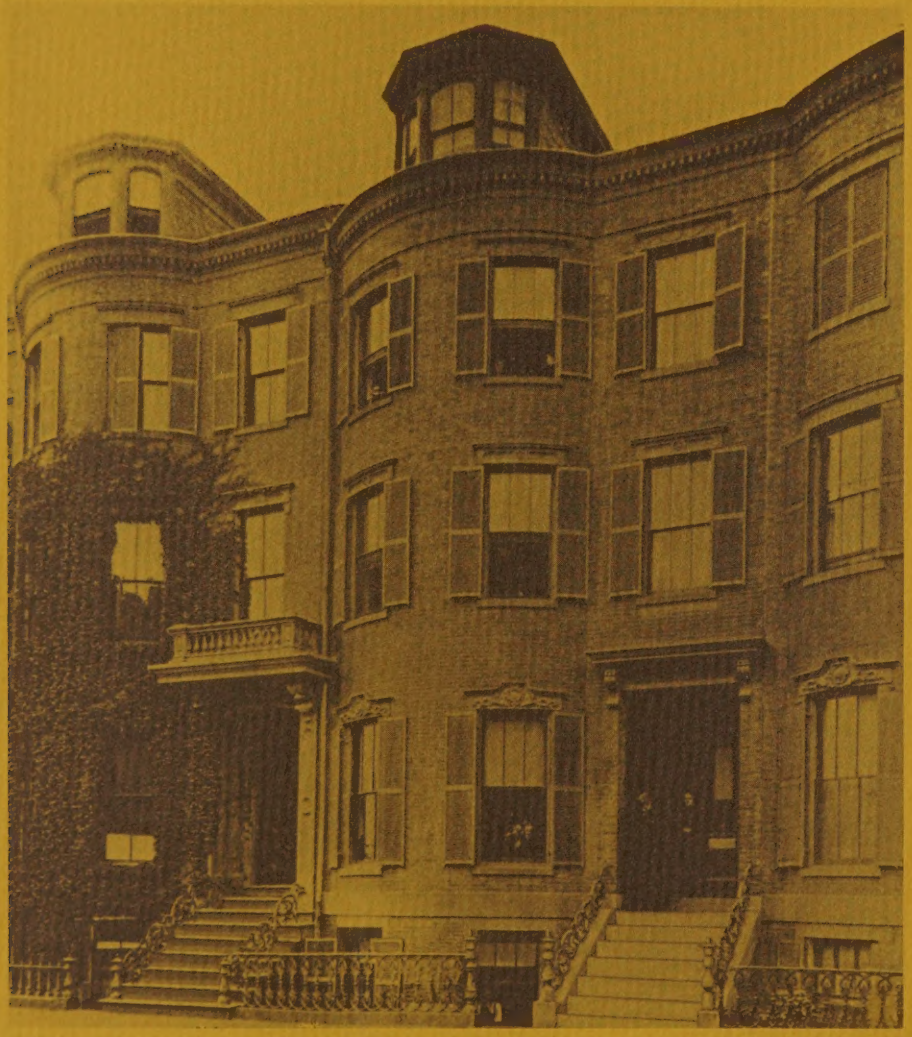
THE FIRST SEVENTY-FIVE YEARS

Seventy-five years of serving have enhanced the New England Deaconess Hospital in physical size and medical proficiency. The essence of the Deaconess, concerned and compassionate patient care, are timeless characteristics of a fine institution.

Seven-and-a-half decades of service are a credit to the people who made and make the Deaconess Hospital an exceptionally humane institution. Each decade features events that highlight the history of the Deaconess Hospital's physical expansion and professional specialization.



The Deaconess Hospital opened at 691 Massachusetts Avenue with only 14 beds.

Miss Mary E. Lunn was superintendent of ths original hospital until illness forced her to retire in 1901.

A HOSPITAL GROWS

The first ten years were a formative stage. During those years, the essence of the hospital's character began to crystallize. Enduring human kindness as a therapeutic value was recognized as a necessity by people serving in the medical professions.

The Deaconess Hospital Opens With 14 Beds

On February 5, 1896, eight Methodist Deaconesses opened a five-story brownstone house at 691 Massachusetts Avenue. The 14-bed home-hospital, dedicated to the service of the poor and ill, was an expansion of the work done by the New England Deaconess Home and Training School at 693 Massachusetts Avenue. Both institutions were reincorporated as the New England Deaconess Association in 1901.

When the hospital was founded, it was viewed by many people as an experiment. At the conclusion of its first year, it was a necessity.

A documentary on the tiny hospital's extraordinary service to Boston appeared in the *Boston Transcript* in 1898:

"Of all the many charities with which Boston is endowed, none is more pre-eminently beautiful or beneficent than the work of the Deaconess Hospital on Massachusetts Avenue.

"Founded but two years since to supplement the labors of the Deaconesses among the poor and sick, it has rapidly grown, not only beyond the expectations of the founders, but beyond the present capacity of its buildings. It is unsectarian in its broadest sense, and numbers among its patients members of every religious faith, yet the dominant note is that of a Christian home.

"Such has been the reputation of the Hospital that its limited space is always taken and many are waiting for an opportunity for treatment.

"It is painful to these women, whose lives are wholly given up without fee or reward to relieving the misery of others, to be obliged to turn away the sick and suffering to whom they would gladly extend the great facilities for recovery possessed by the Hospital. But alas! – with the few beds at their disposal, they have to refuse numerous pay patients and thereby lose the income that would go towards extending the number of beds for charity patients.

"Scarcely a day passes that the pressing necessity of more room is not forced upon them. The Deaconesses themselves are but ministering angels. They have no means at their command other than what a kind providence sends to them through the benevolence of others."

The *1900 Annual Report,* (p. 20), makes reference to the objectives of the New England Deaconess Hospital when it talks about the necessity:

"To afford those who need and desire it an opportunity to avail themselves of the skill of the most eminent physicians and surgeons in New England, and at the same time enjoy the comforts of a home where the very atmosphere seems laden with that warmth and sweetness of devotion which makes pain more easily borne, and which hastens the return of health."

The early deaconesses often taught children's classes at the Deaconess Home, 693 Massachusetts Avenue.

Foresight Characterizes First Superintendent

This explanation was expressed by Miss Mary E. Lunn, superintendent of the original hospital. Miss Lunn, a serene dark-haired lady, was dedicated to the betterment of mankind. She came from Chicago originally to supervise the Deaconess Home at 693 Massachusetts Avenue.

A woman of considerable vision, Miss Lunn was one of the first people to recognize the Deaconess Hospital as the embryo of a great institution. She received a great amount of criticism in 1900 when she recommended the purchase of the present Riverway site.

"You can't expect doctors to go to the woods to treat their patients," people commented.

Convinced that her choice was appropriate, the petite superintendent insisted that the land be purchased and the hospital be expanded to meet its patients' needs. Although Miss Lunn was forced to resign in 1901 because of illness, her dream became a reality. Deaconesses and friends traveled throughout New England to raise funds for the 50-bed hospital that opened in 1907 on the site she had chosen.

Austere surroundings in the original hospital building were softened by the compassionate care given by the Deaconess nurses and nursing students.

The Tiny Hospital Attracts Some Of Boston's Finest Doctors

From its inception, the Deaconess attracted some of the finest surgeons and physicians. One of these was Maurice H. Richardson, a congenial Bostonian and a great surgeon. He was one of the Deaconess Hospital's first doctors and staunchest friends. When plans were projected for a larger building, Dr. Richardson spoke publicly in behalf of the hospital's needs.

A skilled individual, Dr. Richardson never neglected the human touches that add warmth to hospital life. In addition to his medical attributes, he occasionally played hymns and songs for patients and the Deaconesses on the hospital piano. Often he brought freshly caught fish to the hospital. In spite of the fact that Miss Lunn scolded Dr. Richardson for fishing on Sundays, the young woman always ate the fish!

Assisting Dr. Richardson in the early Deaconess days was Dr. Daniel Fiske Jones, a young man who always wore a carnation in his lapel and an expression of genuine concern on his face. He was loved by nurses, the young surgeons he trained, and the

general hospital staff for his professional ability and warmth. The eminent surgeon was surgeon-in-chief for the Palmer Memorial Hospital from 1927 to 1931, and was one of the four first permanent staff members of the Deaconess.

Miss Betts Devotes A Quarter Century To Nursing

Miss Adeliza Betts, a deaconess who graduated with the first nursing class in 1898, became Miss Lunn's successor in 1901. She taught nursing students and managed the hospital's problems for 23 years.

In 1902, Miss Betts became the first executive head and the first director of the nursing service department and the NEDH School of Nursing. The following year, she was elected the school's first alumnae president.

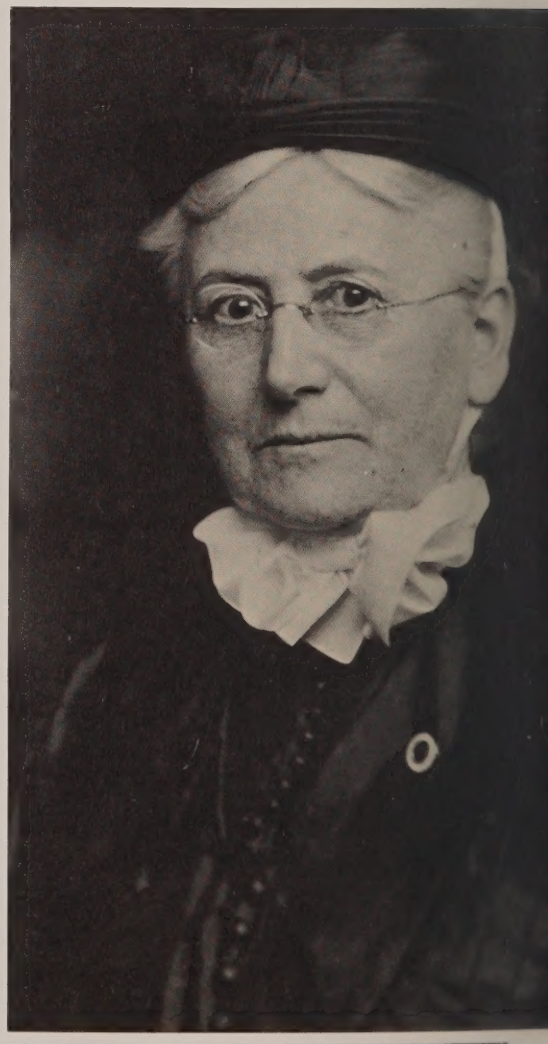
Miss Betts gave up her own bed on many occasions to patients and slept on a chair in her office. She prepared the busy student nurses for their examinations by quizzing them as they "scrubbed the floors or the instruments in the operating room."

In 1906, Dr. Edward Reynolds, one of the hospital's early physicians, delivered a speech expressing his views on the care and home-like atmosphere available at the Deaconess:

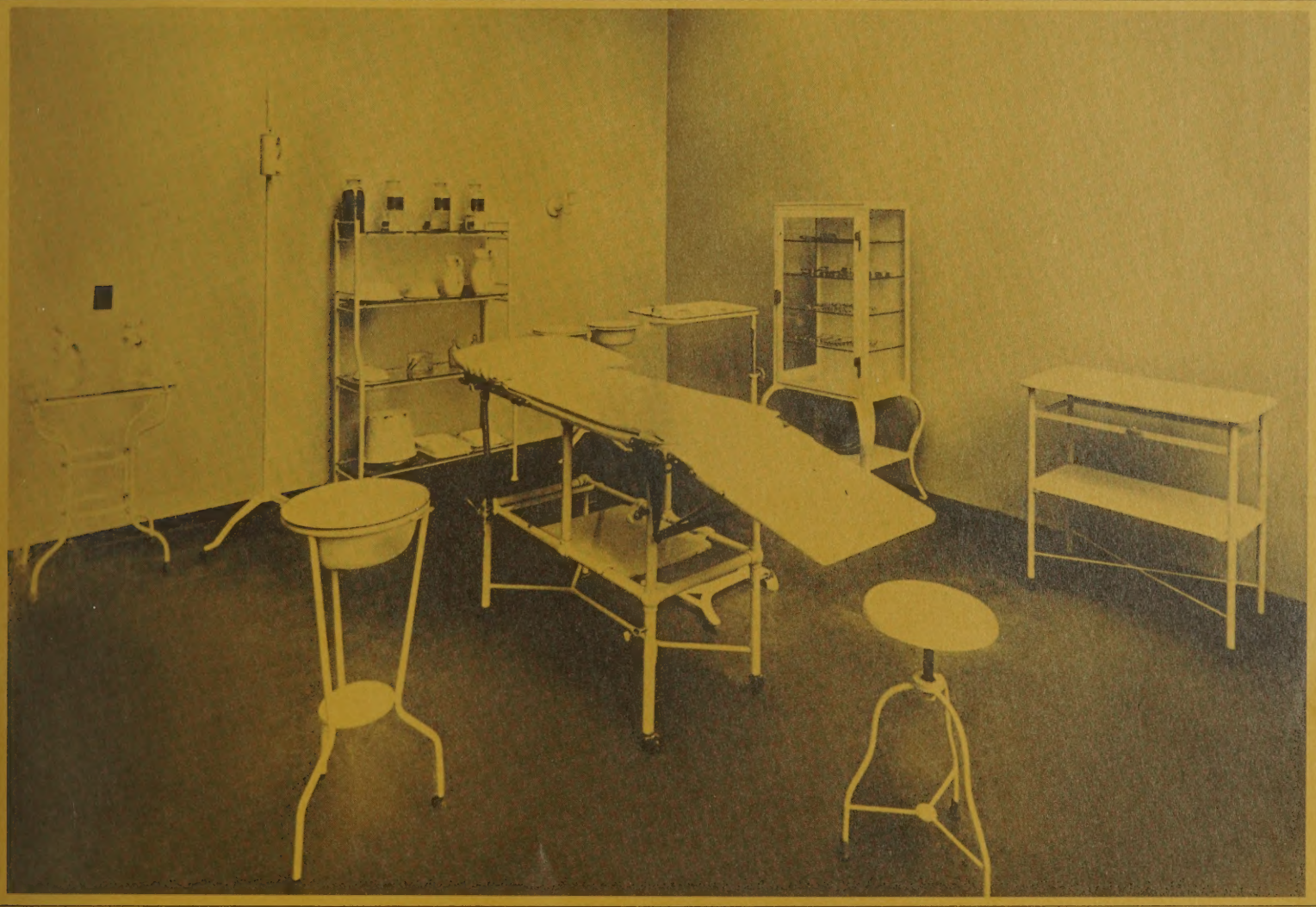
> "I have had a great many patients in the Deaconess Hospital. I have never had a patient who left it without having been pleased with it, and without having felt the friendly and personal atmosphere in a most marked degree . . . I have never had a patient do better in any place, and I think not as well."

One Operating Room, One Thermometer And An Open Door Policy

With only 14 beds, the Deaconess Hospital cared for 658 patients during its first four years and about 1,763 patients during its first ten years.[1] Its surgical facility consisted of one $250 operating table, plate glass shelves and three Welsbach lights.



Miss Adeliza Betts, one of three deaconesses to graduate with the first nursing school class in 1898, was the second superintendent of the hospital.



This early operating room evolved into today's modern surgical facilities.

In 1907, the Deaconess unit (extreme right portion of the above building) opened as the first Riverway facility of the Deaconess Hospital. The building expanded in 1923 giving the Deaconess a 180-bed capacity.

Located on the top floor of the original brownstone, the operating room was always in demand. Since there was no elevator, patients had to be carried up and down narrow flights of stairs. The single thermometer was transported in a wicker basket attached to a rope pulley.

Although it was run by deaconesses of the Methodist Church, the tiny hospital was open to everyone regardless of race, creed or ability to pay (which is still true today). The patients treated in the first four years of the hospital's growth represented: 23 nationalities, 16 denominations and 68 occupations.[2] The trend to open its doors to everyone on a world-wide basis had begun for the Deaconess Hospital.

The Hospital Moves To The Country

The cornerstone of what is today a 500-bed hospital-research complex was laid at the intersection of Bellevue and Park Streets on November 5, 1903. This was the foundation for the original Deaconess unit that now stands at Pilgrim Road and Deaconess Road which at that time extended to the Riverway. The 50 bed unit was consecrated on April 8, 1907, and occupied by patients and staff on April 15.

> "This new hospital site is on Longwood . . . thirteen minutes' ride on the electrics from Park Street Station . . . On the southeast is Longwood Park, covered with tall elms. The southwest side slopes toward and overlooks the Fenway extension, called in Longwood, 'The Riverway.' On this drive no traffic is allowed, but on pleasant days there is almost a constant procession of pleasure vehicles."[3]

In the summer of 1907, the Haverhill (Fresh Air) Home, Haverhill, Mass., was opened for children and six years later (1913) the Deaconess Association opened the Home for Aged Methodist Women in Concord, Mass.

A branch hospital in Concord opened in 1911 as a gift of land and funds from Mr. Charles Emerson, a nephew of Ralph Waldo Emerson. His wife had been a patient at the Deaconess Hospital, Boston, and in appreciation of the quality care given her, Mr. Emerson donated the capital for a 25-bed hospital in their hometown. The hospital soon expanded to a 33-bed facility and in 1924, the New England Deaconess Association transferred the control of the Concord Deaconess Hospital to a local board of managers.[4]

By 1912, more than 50 doctors were going into the country to the new Deaconess Hospital on the Riverway. This was in spite of predictions that doctors would not "go out to the woods."

Cooking and laundry were abandoned on the Emancipation Experiment site until the mid-[illegible] when buildings and perhaps facilities were added [illegible]

Pre-War Years Note The Specialization Of Patient Care

The capacity of the Deaconess Hospital was increased from 50 to 75 beds when the William Nast Brodbeck Cottage opened on November 15, 1915, for the care of diabetic and nervous patients. This cottage, located on Pilgrim Road (presently the site of the laundry and maintenance building), originally belonged to the Reverend W. N. Brodbeck, the first president of the New England Deaconess Home and Training School and the Board of Managers.

It was in the early 1910's that the Deaconess began to specialize its research and patient care. The Brodbeck Cottage was the first unit devoted to a specialization – diabetes. The hospital also set aside special areas for a thyroid clinic and the institutions first x-ray department.

Dr. Lawrie Byron Morrison was one of the first Deaconess physicians to devote his time to x-ray as a specialty. He began his work in a basement room of the new Deaconess unit in the 1910's. A devoted student of x-ray treatment, Dr. Morrison became a leading authority on its use.

The William Nast Brodbeck Cottage which opened in 1915, was devoted primarily to the study and treatment of diabetes mellitus.

Thirty-three nurses and several doctors entered the service after the United States entered World War I. The burden of wounded soldiers and sailors soon fell upon the physicians and nurses who remained at home.

In order to accommodate the wounded soldiers, the Deaconess built a special unit in 1917, on the present Central building site, and named it after Reverend Willard T. Perrin, president of the hospital from 1897-1918. The portable building was also used for the care of influenza patients during the epidemic. It was dismantled on July 1, 1919.

Palmer's History Begins As A Solace To Terminal Patients

The story of the Palmer Memorial, a division of the Deaconess Hospital, began in 1919 with Mrs. Jennie C. Palmer, a patient suffering from cancer. Until she found refuge in the House of Good Samaritan, Boston, Mrs. Palmer couldn't find an available bed in any hospital. Although she wasn't a Deaconess patient, Mrs. Palmer exemplified the need felt by the Deaconess staff for a place where incurable patients could be treated.

In 1917, the Willard T. Perrin Ward was built as a temporary facility to provide care for wounded soldiers.

The Deaconess was planning a unit for terminally ill patients when Cullis Consumptive Home, 560 Blue Hill Avenue, Roxbury, was given to its trustees. During her last days, Mrs. Palmer was comforted by the knowledge that the need she symbolized would be met.

> The name "Palmer Memorial" was "not applied because of a money consideration, for Mrs. Palmer was a victim of cancer and a great sufferer, and her husband exhausted family resources in a vain effort to secure recovery. But as a refined Christian woman and social worker, and of excellent family ties, her experience personifies a condition of suffering and Protestant lack that simply cannot be permitted to continue."[5]

The Deaconess Names Its First Staff And Dedicates A 125-Bed Addition

A permanent and an associate staff for the Deaconess were created October 17, 1922, in accordance with the standard set by the American College of Physicians and Surgeons. The permanent staff consisted of four members; two physicians and two surgeons; and the associate staff of 45 members.

Members of the permanent staff for 1923 were: Dr. Daniel Fiske Jones, surgeon; Dr. Elliott P. Joslin, physician; Dr. Frank H. Lahey, surgeon; and Dr. F. Gorham Brigham, physician, who later became chief of medicine of the Deaconess from 1936 to 1944, and of the Palmer staff from 1930 to 1951. Dr. Brigham represented the medical staff to the administration and served on the NEDH Executive Committee during the late war years.

On May 24, 1923, a new 125-bed extension of the Deaconess unit was dedicated which brought the bed capacity of the hospital to 180. Miss Caroline A. Jackson, superintendent of the Deaconess Hospital, 1923-1928, and successor of Miss Betts, writes in the *1923 Annual Report* (page 55):

> "The New Hospital building is finely equipped with Pathological, Chemical, Medical and Surgical Metabolism, Electrocardiograph and X-Ray Laboratories. This equipment is indisposable for the thorough and correct diagnosis of any and all conditions, but were it not for the generous support given by our Medical Staff we would not be enjoying these benefits at the present time."

At the close of a third decade of conscientious patient care, the New England Deaconess Association again expanded its facilities. In 1925, the J. W. Wilbur Health Home for Children, Natick, Mass., opened for the treatment of adolescent girls. This home replaced the Haverhill (Fresh Air) Home which was largely a gift from the late Mr. J. W. Wilbur. Attleboro Springs, Attleboro, Mass., was taken over by the association as a health and recreation resort in April 1927.

The Palmer Memorial Hospital was housed in the Callis Consumptive Home. Erected from 1919-1927.

Palmer Moves To Pilgrim Road And Names Outstanding Staff

On April 19, 1927, the Cullis Consumptive Home, Roxbury, was closed and its patients were transferred to the newly built Palmer Memorial Hospital at 195 Pilgrim Road. In addition to terminal care, the new Palmer ministered to acutely ill patients requiring radium, deep x-ray therapy or surgery.

Bed capacity jumped from 39 to 85 beds for the Palmer Memorial and from 180 to 265 for the Deaconess Hospital. The first permanent staff members for Palmer Memorial Hospital were: Dr. Daniel Fiske Jones, surgeon; Dr. Elliott P. Joslin, physician; and Dr. Shields Warren, pathologist.

Miss Sadie A. Hagen, a Methodist Deaconess, was the superintendent of Palmer Memorial from 1919-1944. When she retired in 1944, she had given a total of 42 years to the New England Deaconess Association and 25 years to the Deaconess Hospital.

One of the new Palmer Memorial's first patients was a minister, unable to take a mouthful of food by himself, who for seven years had to be

Visitors to Palmer enter the building through the main foyer shown above as it looked until the 1960's.

When the Palmer building opened at 195 Pilgrim Road in 1927, the bed capacity for the hospital jumped from 180 to 265.

Palmer building houses the hospital's pathology laboratories.

turned in bed every two hours. In all those years he was nursed with such care that he never developed a bed sore or had an accident of any kind.

A Leader In Diabetic Surgery

Dr. Leland S. McKittrick was assistant to Dr. Daniel Fiske Jones until 1932 when he became surgeon-in-chief for Palmer Memorial. He held this position until 1953 when he was named chairman of the reorganized general surgical staff.

Diabetic surgery is the area of medicine for which Dr. McKittrick has been internationally known. He was instrumental in establishing a sound surgical approach to diabetic needs throughout the country. An excellent surgical clinician, Dr. McKittrick was in charge of the NEDH Out-Patient Tumor Clinic for many years. Along with Dr. Elliott P. Joslin and Dr. Howard F. Root, he was instrumental in developing foot rounds and the subsequent foot room for diabetic patients.

An honorary member of the American Hospital Association and of the Deaconess staff, Dr. McKittrick is a recipient of the Banting Medal of the American Diabetes Association. His retirement, July 1971, marked 52 years of service to medicine.

Dr. Cook Becomes Director During Year Of Hospital's Incorporation

On September 11, 1929, the New England Deaconess Hospital severed its relationship with the New England Association and was legally incorporated. It consisted of the Deaconess General, Palmer Memorial and the School of Nursing.

Dr. Warren F. Cook became superintendent of the Deaconess in 1929. He succeeded Miss Caroline A. Jackson who ably served the hospital for the preceding six years.

Baker Clinic Emphasizes The Study And Care Of Diabetes

The George F. Baker Clinic was dedicated in March 1934. Named after its benefactor, the clinic was established for the study and care of chronic disease. Forty-three beds were planned for the use of diabetic patients.

> "The Clinic will afford all the latest approved methods for the care and treatment of Diabetes, and will lack nothing for expert service to those afflicted with the disease."[6]

The Baker building provided equipment for diabetic patients and at the same time afforded a number of much needed private accommodations. It contained a new dental room, foot room and medical library.

Pleas For Expansion Mark The Hospital's Fifth Decade

A fifth floor was added in March 1937 to the Palmer Memorial, increasing the capacity of the building from 85 to 98 beds. Even after the new floor opened, the need for more room was apparent. A new building between the Deaconess and Baker Buildings was discussed for the centralization of administration, laboratories, x-ray, record rooms, operating suites, and the kitchen.

The George F. Baker Clinic emphasized the study and care of chronic diseases.

"The type of service which the Hospital is called upon to render is quite different from that of the ordinary hospital. Our patients come from all sections of the country. They come because of the reputation of the doctors who serve here. They are seeking the skill of men who are widely known. They are not the usual run of medical and surgical patients of a general hospital. Our diabetic clinic is the largest in the world. We have one of the best buildings for this work (Baker) and, as you know, our diabetic staff is unexcelled. Our Palmer Memorial Hospital is the best equipped hospital for the care and treatment of cancer in New England . . . At the Deaconess Hospital under the Lahey Clinic and others we treat complicated thyroid disorders, neurosurgery, thoracic surgery, gastric and intestinal resections, prostatic reactions, as well as many complicated types of medical disorders. This lays a heavy burden upon the laboratories, the operating rooms, and the dietary and nursing services far in excess of that required in the average hospital, . . . and yet in some respects, especially at the

Highly skilled surgical teams and modern operating facilities make possible the most intricate surgical techniques.

Deaconess Building, the accommodations are cramped, inadequate and outmoded."[7]

The home at 25 Autumn Street was purchased in April 1937, and two years later the Deaconess acquired 229 Kent Street for a nurse's club. Both buildings were renovated to help alleviate the need for housing NEDH personnel.

Dr. Frank H. Lahey, surgeon-in-chief of the Deaconess Division from 1929 to 1952, writes in the *1939 Annual Report* (p. 33):

> "In it (the Deaconess Division) are performed more operations per day, in relation to the number of beds, than are probably done in any other institution in this community. The rapidity of turnover in the private rooms and wards likewise is greater, in all probability, than in any other institution in New England. It is, therefore, very important that this portion of the hospital be kept modern, up to date and attractive.
>
> "There is urgently needed for the hospital new operating room facilities."

The 1940's were years spent in projecting the future physical require-

ments of the Deaconess. Increased land space was apparent and in July 1947, the hospital purchased from the city, the section of Deaconess Road between Pilgrim Road and Autumn Street. In June 1948, 382 Longwood Avenue was purchased and in late 1949, #9 Autumn Street was acquired from the United Shoe Machinery Company. Number 9 was used as an employee housing facility until its demolition in June 1971.

Groundbreaking Ceremonies For Cancer Research Institute And Central Building Held Within Four Months Of Each Other

Over two decades of physical expansion were ushered in by the 1950's. On June 14, 1950, a groundbreaking ceremony took place for the Cancer Research Institute and in early October the ground was broken for the Central building. Thus began a series of extensive construction projects for the Deaconess complex.

The newly constructed Cancer Research Institute was dedicated on June 5, 1951, as the first institute in New England devoted to the study of cancer and cancer detection. It combined cancer research, atomic research, cancer control and cancer diagnosis under one roof. The outpatient tumor clinic previously stationed in the Palmer building was relocated in the new Cancer Research Institute building.

Dr. Shields Warren, Deaconess pathologist-in-chief, was founder and the first scientific director of the Cancer Research Institute. After 18 years of outstanding work as director, he was succeeded in 1969, by Dr. George Nichols, Jr.

The first patient was admitted to the Central building on February 24, 1953. The addition centralized 12 operating rooms, modern kitchens, administrative quarters, and the x-ray department. It also housed central supply, a recovery room and expanded the hospital's bed capacity to 375. The Daniel Fiske Jones operating suite on Central 5 was dedicated in 1954 in memory of Palmer Memorial's first chief-of-staff.

Dr. Leland S. McKittrick, surgeon-in-chief of Palmer from 1932-1953, greets Dr. Shields Warren, founder and first scientific director of the Cancer Research Institute, at the institute's 20-year anniversary open house which was hosted by Dr. George Nichols Jr., (right) scientific director from 1969 to present.

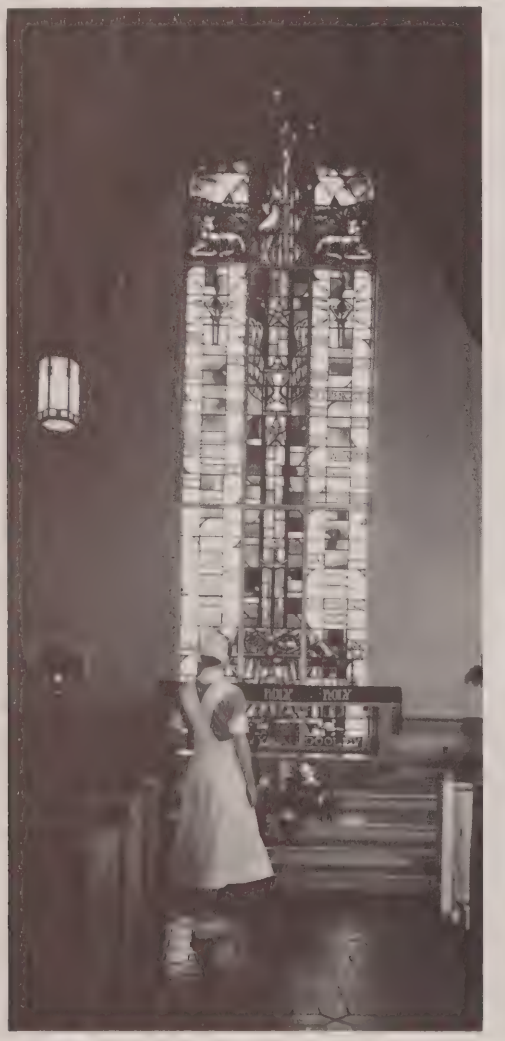
The Cancer Research Institute, dedicated to the study of cancer and its detection, opened in 1951.

Animals are an intricate part of some studies conducted at the Cancer Research Institute.

Ill health forced Dr. Warren Cook to retire as executive director in December 1953. During his 25-year administration the Deaconess grew from a 265 to a 375 bed hospital. Although his position remained the same for the 25 years, Dr. Cook's title changed twice; from superintendent to administrator in 1941, to executive director in 1947.

Mr. R. D. Lowry became executive director of the Deaconess on January 1, 1954, following Dr. Cook's retirement. He had worked as assistant director since October 1946, and prior to that, as assistant to the administrator for seven months. Mr. Lowry celebrated his twenty fifth year of service in March 1971 and is currently the executive vice president of the hospital.

Early in 1955, plans for a new chapel were announced. Groundbreaking ceremonies took place September 12, 1955, and a spire-raising ceremony on May 8, 1956. A month later, the Arthur T. Dooley Chapel, named after its benefactor, was dedicated.



The Arthur T. Dooley Chapel offers peaceful solitude to all who seek it.

Hospital Teaching Unit Fills Unique Need Of Diabetics

Plans were revealed by the Deaconess Hospital and Diabetes Foundation, Inc., for a new building in March 1955. Eight months later, Dr. Elliott P. Joslin laid the cornerstone for the building that was to house the Joslin Clinic, the Deaconess Hospital Teaching Unit and the Diabetes Foundation.

The hospital teaching unit was the first unit in the world constructed solely for ambulatory diabetics who need control and instruction in caring for themselves. It was dedicated on February 10, 1957, and five months later the Elliott P. Joslin Park, facing Joslin Clinic, was dedicated by city officials. On March 11, the first patient was admitted to the hospital teaching unit.

Patients in the unit attend daily classes given by Joslin Clinic doctors and Deaconess teaching nurses. They stay an average of six days and learn the importance of diet and exercise, and the reasons for using insulin and the methods of administering it.

The first Deaconess House Officers came to the hospital on July 1, 1956. During the same month, the first cardiopulmonary laboratory opened, and in May 1956 the first special care unit admitted patients.

Several pieces of property were purchased by the Deaconess in 1957 and 1958. In January 1957, numbers 2,6,10, and 14 Autumn Street were acquired as employee apartment buildings and number 1 Autumn Street was purchased the following year for the same purpose.

Channing Home, on Pilgrim Road, was bought in July 1958. Renovated and renamed Norwich House

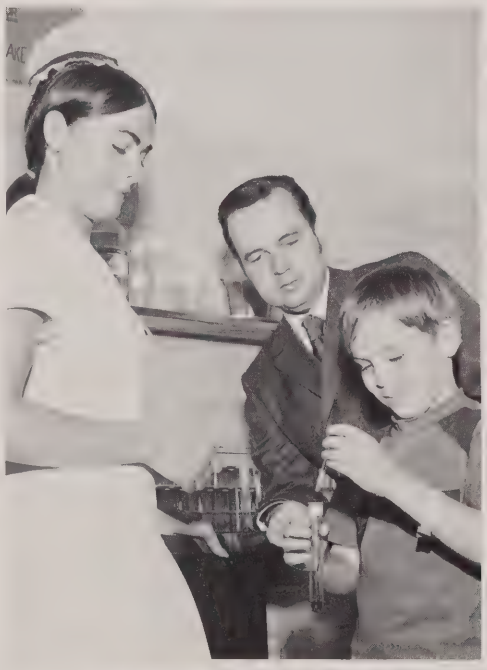
Norwich House opened in 1959 as a psychiatric unit.

after an NEDH benefactor, it opened with 19 beds on January 5, 1959. Norwich House became the setting for shock therapy treatments for psychiatric patients. This type of treatment began at the Deaconess in 1953.

All major types of psychiatric treatment are used at the Norwich House. These include somatic therapies, such as: anti-depressive and tranquilizing drug treatments, and electric shock treatments; and psychotherapy treatments, such as: dynamic and behavioral therapy, and hypno-therapy.

In 1959, one-and-a-half stories were added to the Cancer Research Institute and the new maintenance and laundry building was completed. A plaque on the outside of the maintenance and laundry building commemorates the site where the first insulin was administered at the original Brodbeck Cottage.

Also in 1959, the Gilbert Horrax Memorial Library was dedicated as a reference library for the doctors at the hospital. The library is named for the late chief-of-neurosurgery at the Lahey Clinic who was one of the founders of the neurosurgical program at the Deaconess.



With the close supervision of a teaching nurse, a diabetic boy and his father learn how to test urine.

Daily recreation periods help maintain a normal routine for children who stay at the ambulatory diabetic unit.

The teaching nurse, a vital part of the Deaconess Hospital Teaching Unit, must be able to relate to patients of all age levels.

Organ Transplantation And Frozen Blook Bank Receive National Acclaim

The field of organ transplantation has grown, in a large part, because of the research and many of the operations done at the Deaconess. In December 1958, national attention focused on the Deaconess after Doctors Herbert Adams and Elton Watkins Jr., took the parathyroid glands from a prematurely delivered fetus and successfully implanted them in a Deaconess patient.

Today, organ transplantation is more commonly accepted as the norm. In August 1970, Dr. Anthony P. Monaco and Dr. Wilfred Neptune, both Deaconess staff members, respectively transplanted a kidney and performed open-heart surgery on a 19-year-old girl. The operations, considered a medical feat because of their intricacies and combination, have enabled the girl to live a normal life.

In 1959, the Deaconess became the first hospital in the nation to have a bank of blood platelets ready for immediate transfusion. This was possible because of cooperative research done at the Deaconess Hospital and Protein Foundation, Inc., by Dr. James Tullis, current chairman of the department of medicine, and Dr. Hugh Pyle, hematologist. These men developed a method of isolating and storing platelets that has undergone many improvements since then.

The Shields Warren Radiation Laboratory opened in 1965.

Three New Buildings Help Alleviate Expansion Needs

Years of progressive planning and construction can perhaps best explain the 1960's. Plans for a radiation research center, and a garage and medical office building were announced early in that decade. The Deaconess was the first hospital in Boston to construct a building adjacent to its premises for doctors' offices and rooms for guest accommodations.

Construction began in 1962, and the 450-car parking garage and the nine-story medical office building were opened two years later. The garage connects to the office building at every half level, up to the fifth floor, so that hotel guests only have to walk one short flight of stairs to reach their accommodations.

The Shields Warren Radiation Laboratory was dedicated in October 1965, and is the first research center of its type in the nation. The building consists of four vertical towers, three

research floors and office area. Used for clinical research, the laboratory building is owned by the Deaconess and its research programs are directed by the Harvard Medical School.

Participants in the groundbreaking ceremony, November 29, 1963, for the Shields Warren Radiation Laboratory included: (l-r) Dr. Shields Warren, Mr. James T. Mountz, chairman of the building committee; and Dr. Henry I. Kohn, professor of radiology at Harvard Medical School.

The Deaconess' Medical Office Building and Garage opened at 110 Francis Street in 1964.

Laboratory Named in Honor Of World Renowned Physician

The new radiation laboratory is named in honor of Dr. Shields Warren, world authority in pathology and radio-activity. Dr. Warren was in charge of the studies sponsored by the Navy in connection with the atomic bombing of Hiroshima in World War II and later studied the medical problems arising from the Bikini "Operation Crossroads" as executive officer of the Naval Medical Research Section.

He served as head of the U. S. Atomic Energy Commission Division of Biology and Medicine for the first five years of its establishment and in April 1971 was sworn in as chairman of the Life Sciences Advisory Committee of the National Aeronautical Space Agency (NASA).

In 1927, Dr. Warren was named pathologist-in-chief of Palmer Memorial and built the department of pathology at the Deaconess into one of the best in the country. He retired as pathologist-in-chief in 1962, and was succeeded by Dr. William A. Meissner, noted surgical pathologist who is internationally known for his research involving the thyroid gland.

Structural Reorganization Of Staff Adds To Hospital's Cohesiveness

Organizationally, the medical and surgical staffs became a more cohesive working unit in 1964. Dr. James Tullis was named chairman of the department of medicine and Dr. Leland S. McKittrick was named interim chairman of the department of surgery until 1964, when Dr. Cornelius Sedgwick was named chairman.

The reorganization brought together physicians from the Lahey, Joslin and Overholt Thoracic Clinics, and the independent staffs of the Deaconess. It reduced duplication of research, insured the maintenance of a stronger residency program, and expanded the consultative services of the hospital.

The Palmer building experienced many renovations in the mid 1960's. New nursing units were built to accommodate the needs of modern equipment and to facilitate better patient comfort and care. Unit coordinators, individuals who tend to non-nursing duties on each floor, were introduced for the first time in 1965. By relieving nurses of many paperwork and administrative responsibilities, unit coordinators increase the amount of time that nurses can spend with the patients. Today, this system is in operation throughout the entire hospital.

Pathology laboratories in the Palmer basement and on the first floor were renovated in 1964. The following year, the Palmer "penthouse" (Palmer 6) opened to provide more pathology laboratory space.

Employees Give Overwhelming Financial Support To Central Building's Addition

Early in 1966, plans were announced for an additional six floors for the Central building. At the time the original Central building was constructed in 1953, it was intended to be a ten-story facility. Unfortunately, the shortage of funds in the immediate post-war period made it necessary to limit the height of the building and only partially complete the wing extension to the Deaconess building. Lighter weight construction materials in 1966 made it possible to add six instead of five new levels to the original Central structure.

Employee response to the needs of the hospital is one of the ever-present strengths of the Deaconess.

Laboratories at the Deaconess are serviced with up-to-date equipment to help facilitate efficient patient care.

An example of their support is the financial back-up they gave to the Central addition. In October 1966, Mr. R. D. Lowry appealed to the Deaconess employees for financial pledges totaling $100,000. The pride felt by individual Deaconess employees showed at the end of the campaign when the pledges amounted to over $225,000.

Observation Unit And Stoma Clinic Answer Many Out-Patient Needs

The community's need for more emergency facilities and for early disease detection dictated the opening of the Observation Unit in September 1967. This unit, located in the Deaconess building, is equipped for first aid and emergency treatment. It has four beds that enable doctors to examine and then observe patients for up to 24 hours. Whenever the Employee's Health Clinic at the Cancer Research Institute is closed, the Observation Unit cares for Deaconess employees and nursing students.

The Stoma Rehabilitation Clinic, located in the Cancer Research Institute, is another medical service established in 1967. Directed by Dr. John L. Rowbotham, a Deaconess staff member, it offers close personal attention to the patient who has a colostomy, an ileostomy or an ilealconduit. These patients receive more than surgical and medical aid. They receive help with practical details and moral support in the social and emotional realm.

In one of the older nursing stations at the hospital, two nurses glance through their patients' records.

Although the medical and surgical staffs of the Deaconess and its affiliated clinics were reorganized in 1964, nothing had been done about the organizational structure of the administration since the mid 1940's. The expansion of the hospital demanded more top-level managerial positions and in 1967, Mr. R. D. Lowry was promoted from executive director to executive vice president and Mr. Richard E. Lee was promoted to director from his previous positions of controller and associate director.

Deaconess Helps Found Joint Center For Radiation Therapy

The Deaconess was one of the four founding hospitals of the Joint Center for Radiation Therapy in

On May 27, 1952, the cornerstone of the Central Building was laid by Dr. Elliott P. Joslin, physician-in-chief emeritus; Ralph E. Thompson, chairman of the building committee; Dr. Frank H. Lahey, surgeon-in-chief emeritus; and Bishop John Wesley Lord, president of the NEDH Board of Trustees. Nine months later the first patient was admitted to the Central Building.

March 1968. The other founding hospitals were Beth Israel, Boston Hospital for Women and Peter Bent Brigham. Children's Hospital Medical Center joined the center in 1971. Dr. Samuel Hellman, radiologist, was named director of the center and the Shields Warren Radiation Laboratory was chosen to house its offices.

Renovations continued throughout the hospital floors and in August 1968, Baker 2 opened as nursing administration headquarters. Offices, conference areas and some classrooms were centralized on the modernized floor. Nursing administration was previously housed on Palmer 2, which when vacated was renovated and turned into a modern nursing unit.

In looking ahead at the coming decade, Executive Vice President Lowry noted that:

> "Few hospitals are blessed with the close cooperation and teamwork we have at the Deaconess. With such an asset we can expect unprecedented progress during the next decade."[8]

Modern nurses' stations provide distinct task areas for nursing personnel.

An enlarged and renovated recovery room opened in September 1971.

Ties With Harvard Medical School Formalized In 1970

The beginnings of the 1970's indicate that the future projected by Mr. Lowry will indeed be unprecedented. Harvard Medical School and the Deaconess Hospital formalized their affiliation in the spring of 1970, recognizing the Deaconess as a full teaching hospital. This was the first major step of the current decade and came after many years of cooperation between the two institutions.

In addition to enhanced patient care, the formal affiliation extends high caliber teaching and training programs to students, interns and residents, and increases facilities and resources for clinical programs. The affiliation involves the departments of pathology, medicine, surgery and radiology.

Mr. Laurens MacLure, president of the NEDH Corporation, stated at the time of the formal affiliation:

> "Since the quality of patient care now more than ever before is intimately related to medical research, and since there is an equally clear need for medical students to receive the widest possible exposure to the full range of medical problems, strengthened cooperation between the University and the Deaconess in this important activity is a natural development promising great benefits to each."

Elected president of the NEDH Corporation in 1964, Mr. MacLure succeeded the well-known and highly regarded Mr. Francis Capper, who has served as a member of the NEDH Corporation for 40 years. Mr. Capper was named to the NEDH Corporation in 1931, elected a trustee in 1932, treasurer in 1934, president in 1956, and chairman of the board in 1964; a position in which he remains active. Mr. MacLure was elected president after serving as assistant treasurer and then as vice president of the corporation.

Five of the new nursing floors in the Central building opened during the winter of 1971. These modern units offer enlarged nursing stations with specialized task areas, bright patient rooms furnished with the latest medical equipment, carpeted corridors and spacious solariums.

The sixth floor of the Central addition opened two of its four intensive care units in June 1970. These self-containing units have interior windows that allow the nurses maximum visibility to note each patient's condition. Three of the units are designed as special care facilities and one is a coronary care facility.

Deaconess Employees: A Family In Spirit

As the new floors opened in the Central building, many patients transferred to the new units from other nursing units in the hospital. Some floors in the older buildings are temporarily closed and still undergoing extensive renovations. When construction ends, each Deaconess nursing unit and department will have seen renovations, large or small, enhance its ability to better serve the hospital's patients.

Relocation was and still is a way of life for many employees and departments as older nursing units and department headquarters undergo renovations. The smoothness with which renovations are completed is, to a large extent, due to the patience and foresight of the Deaconess employees. In spite of the constant dust and the noise of hammers and jack-hammers, employees, many of whom have endured departmental relocations, diligently complete their work. This loyalty is only part of the Deaconess spirit.

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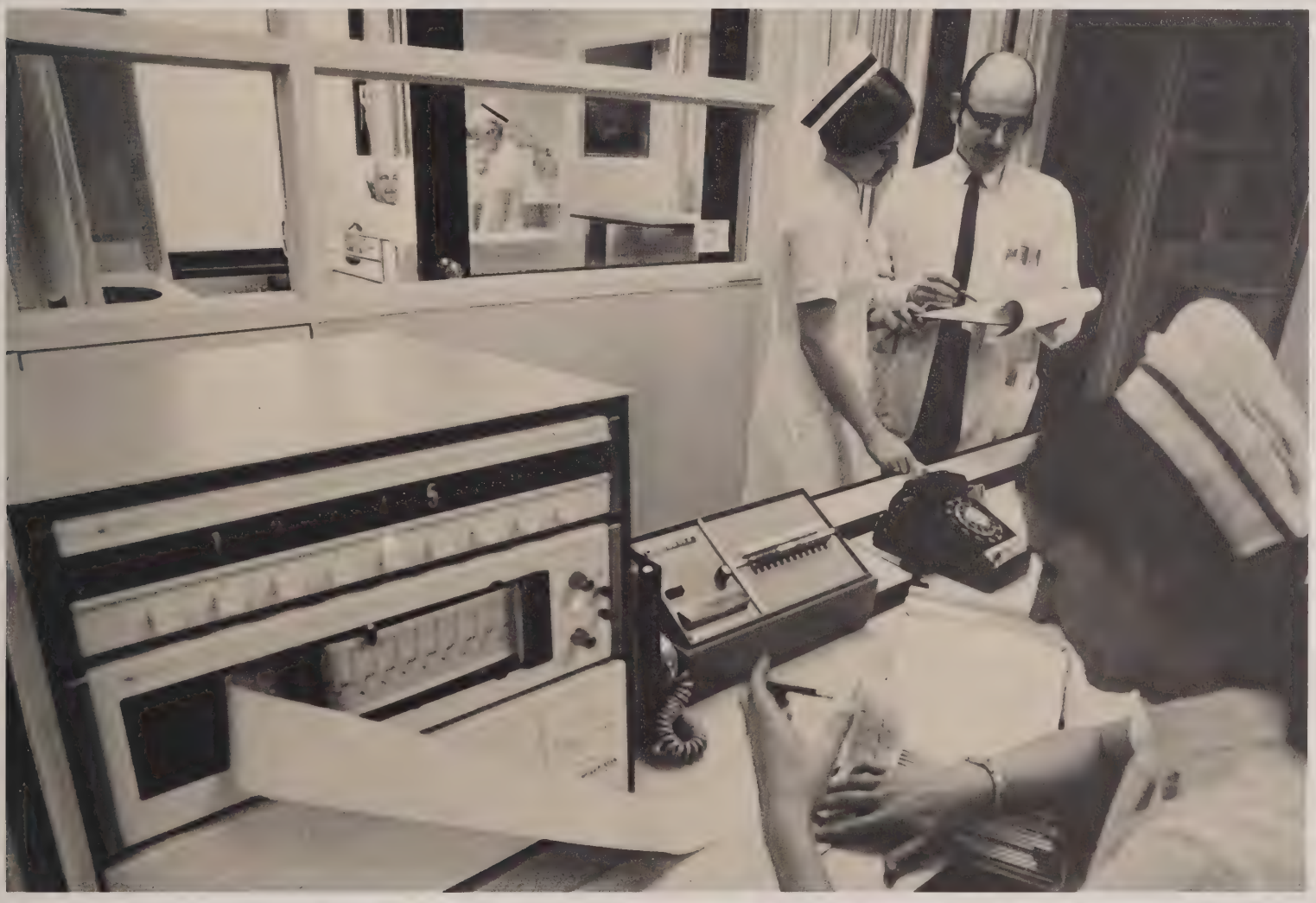
1. *1906 Annual Report of the New England Deaconess Association,* p. 19.
2. *1900 Annual Report of the New England Deaconess Association,* p. 20.
3. *1901 Annual Report of the New England Deaconess Association,* p. 19.
4. *1924 Year Book of the New England Deaconess Association,* p. 11.
5. *1919 Year Book of the New England Deaconess Association,* p. 48.
6. *1930 Annual Report of the New England Deaconess Hospital,* p. 26.
7. *1937 Annual Report of the New England Deaconess Hospital,* pp. 9-10.
8. *1969 Annual Report of the New England Deaconess Hospital,* p. 5.

Two nursing students learn the mechanics of unit dose from their instructor. A new method of drug distribution that started at the Deaconess in April 1970, unit dose means the pharmacy acts as direct supplier and monitor of all drugs given to patients.

Employee satisfaction is enhanced by good working conditions and stimulating challenges.



Patient rooms in the coronary care and special care units are enclosed with window walls to allow staff maximum visibility of each patient at all times.

Members of the NEDH School of Nursing Class of 1915 wore the distinctive dress of the deaconesses.

SCHOOL OF NURSING

"The deaconess is a woman of earnest piety, of sound body and of special training, who relinquishes other pursuits to devote herself to Christlike ministries. She receives no salary, but is provided with a suitable support. She takes no vow of perpetual service, and may at any time give up her office, but if she gives her life to this work she is assured of comfortable care in sickness and old age. For recognition, and thus for greater efficiency, she wears a distinctive costume."[1]

Such were the qualities and sacrifices of the young women who developed the fundamental program which eventually was to evolve into the New England Deaconess Hospital School of Nursing. In the United States the deaconess movement within the Methodist Church was started in Chicago in 1877 and derived its impetus from the work done by the German-based Kaiserswerth Deaconesses.

Twelve years later, in 1889, their work spread eastward and the New England Deaconess Home and Training School was founded in Boston at 45 East Chester Park, later named 693 Massachusetts Avenue. This facility opened as a religious training center for young Methodist women who wanted to be ordained as deaconesses in the church. The deaconesses soon began to see a great need for providing bodily comforts to their patients as well as spiritual care because so many of the indigent people who came to them required nursing and restorative health care.

In 1896, when the Deaconess Hospital was founded, the deaconesses added medical theory courses to their religious curriculum and the length of study at the Home and Training School was extended to two years. The first class of the revised school program graduated in 1898 and was comprised of three deaconesses: Adeliza A. Betts, Lilly M. Brown, and Annette L. Lundwall.

A year later, the school was reorganized to give a standard professional course and, at the same time, other qualified young women who were not deaconesses were admitted to the school. As the deaconess movement grew and encompassed more facets of religious and medical education, it was reincorporated, in 1901, as the New England Deaconess Association. In 1904, the school extended its course to three years.

In 1911, the state enforced the law that all nurses must pass a state examination and the ten graduates of 1911 were the first from the school to take the examination. Two years later, the school was completed on Pilgrim Road and opened as a memorial to the mother of Norman Wait Harris, a Methodist banker. It was known as the Training School for Christian Service.

A formal merger of the Training School for Christian Service and the Boston University Department of Religious Education was announced by the New England Deaconess Association Board of Managers, November 1917. This affiliation lasted until July 1, 1922, when the nursing and religious education sections of the school divided. The former remained part of the hospital and the latter stayed at Boston University.

"The Training School for Christian Service having established itself on a firm basis as an integral part of Boston University School of Religious Education and the new work going on in connection with the Hospital making it imperative that we have more room for the Training School for Nurses, there

In 1913, the School of Nursing moved into new quarters made possible by Norman Wait Harris.

seemed no choice in the course to pursue in regard to Harris Hall for the coming year. Consequently, the Executive Committee, with much regret, voted that the use of Harris Hall be withdrawn from the School of Religious Education and that it be used for the time being, at least, as a Home and Training School for Nurses."[2]

The board's vote favoring the split of the two major sections of the school made the building known as Harris Hall available to nursing students in September 1922. Previously the students had resided in two houses on the hospital's Riverway location. Harris Hall accommodated 50 nurses, a library and a dining room. At that time, the Training School for Nurses consisted of a three-year prescribed course including four months of specialized study at Simmons College.

Two years later, the school was referred to as:

> "One of the most vital units within the Hospital . . . The reputation of the Hospital, the carrying out of the doctor's orders depend largely upon the nurse."[3]

An extension to Harris Hall was completed and occupied in September 1927. Originally, it provided suites:

> "for the Superintendent of the Hospital, the Superintendent of Nurses, and the Instructors. There are . . . three classrooms . . . the dining room . . . an automatic elevator . . . a tunnel connects the Nurses' Home with the Hospital."[4]

Today, the facility accommodates 156 nursing students.

The NEDH School of Nursing currently has a contractual agreement with Northeastern University for instruction in the biological, physical and social sciences basic to nursing care. Taught during the first three terms, these subjects earn college credits. Nursing students have extensive medical-surgical clinical experience at the Deaconess, but for their work in obstetrical, pediatric, psychiatric and out-patient nursing, they use the facilities of cooperating agencies.

Harris Hall is the center of a nursing student's life.

A quote in the *1909 Annual Report of the New England Deaconess Association* (p. 22) expresses the philosophies of the NEDH School of Nursing as they remain today:

> "Careful personal supervision is given to all who undertake the course, and the nurses are taught that the best nursing consists in the application of skillful knowledge in a gentle humane way, always considering the individuality of the patient."

The Deaconess School of Nursing works to combine scientific skills in caring for patients with the sincere purpose of service. Since nursing is a preventative as well as a restorative profession, students are taught with an emphasis on professional competence, social consciousness and civic responsibility.

Graduates are eligible for state registration examinations, and fre-

Officers for the Class of 1970 hold the traditional long-stem roses just before receiving their coveted diploma.

Uniforms for nursing students have gone through various style changes with the newest style (far left) being introduced in the fall of 1971. The original deaconess dress (far right) was worn by the school's founders.

quently, the students seek further education after completing their three years at the Deaconess. No matter where they practice their profession, Deaconess graduate nurses take with them a special patient-oriented attitude. Their competence in dealing with the medical and emotional needs of patients is well known in hospitals across the country.

Today's NEDH School of Nursing continues to enrich and improve its curriculum based upon the changing trends in medicine and society. Recent revisions within the school instituted a 116 week course based on a modified academic year rather than a 144 week program based on the calendar year. Of the 180 students enrolled in the three-year program 70 are freshmen and, of these, three are men.

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2. *1922 Annual Report of the New England Deaconess Association,* p. 13.
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4. *1927 Year Book of the New England Deaconess Association,* p. 26.

FRIENDS OF THE DEACONESS

In 1931, a woman's service committee – later incorporated as the Friends of the Deaconess – was formed under the leadership of Mrs. Catherine Delano Grant to assist in a fund raising drive being conducted by the hospital.[1] Comprising that first group of volunteers were: Mrs. Grant, Mrs. Shields Warren, Mrs. Leland S. McKittrick, Mrs. Howard F. (Hester) Root, Mrs. F. Gorham Brigham and Miss Mabel T. Eager. Happily for the future of the Deaconess Hospital, the women found they enjoyed working together and decided to form a permanent organization dedicated to working for the hospital and to assist in raising money for renovations, new equipment and to cover bills for free work for needy patients.

Mrs. Grant's interest in the Deaconess started when her son became one of Dr. Elliott P. Joslin's patients. He was the second diabetic to receive insulin in New England. Out of gratitude to Dr. Joslin, Mrs. Grant volunteered to serve the hospital and it was natural for her to become chairman of the first women's committee.[2] She was the first president of the Friends of the Deaconess and an active volunteer at the hospital until just prior to her death in 1952.

At weekly meetings during the 1930's the women made surgical dressings for the hospital and brought with them eggs, home-made cookies and other saleable articles. The proceeds were added to the treasury and the committee began to accumulate funds that would be given to the hospital on various occasions.

During the critical war years when help was at a minimum, both men and women answered the Deaconess' call for volunteers, and male medical aides as well as nurses aides were trained to help care for patients. These professional and business men came to the hospital after their own day's work to help with the less glamorous hospital jobs.

The first of many major financial contributions made by the "Friends" was at the time of the hospital's fiftieth anniversary when they gave $60,000 for an operating room in the Central building. This room was dedicated to the memory of Dr. Daniel Fiske Jones, one of the Deaconess Hospital's prominent surgeons.

In 1964 this dedicated group of women gave $250,000 for the addition to Central, and they pledged $100,000 to the hospital in 1970 for a new radiation therapy unit to be built where Norwich House now stands.

Today the Friends of the Deaconess is an organization composed of about 500 women devoted to serving the hospital. From 1930 through 1970, the organization sponsored "Deaconess Night at the Pops" to publicize and raise money to support the NEDH School of Nursing Scholarship Fund. The "Friends" continue to sponsor a yearly Christmas bazaar from which the proceeds are used to assist selected projects at the nursing school. Cash contributions from the "Friends of the Deaconess" to the hospital total over $750,000.

Various avenues for volunteer service have been initiated by the Friends of the Deaconess to supplement their special fund raising events.

Mrs. Lauriston Ward Jr., president of the Friends of the Deaconess, and Mrs. Mercedes Volek, co-manager of the NEDH Gift Shop, admire the variety of items available in the new shop that opened in November 1970.

During the past 20 years, the Friends organized the coffee, gift and thrift shops which are conveniences for the patients, visitors, medical staff and employees of the Deaconess. Their work on the gift and library carts, as well as with diversional therapy, help to make each patient's hospitalization more pleasant. The volunteered hours of service unselfishly given by the members of Friends number in the million and touch everyone at the hospital.

The Friends of the Deaconess are now in their fortieth year of loyal commitment to the Deaconess. Mrs. Lauriston Ward, Jr., the current president, directly succeeds Mrs. George I. Rohrbough. The other presidents who have fortified and helped the Friends of the Deaconess prosper in their countless endeavors of service are: Mrs. James T. Mountz, Mrs. Edgar C. Lane Jr., Miss Dorothy Seccomb, Mrs. Sheldon E. Wardwell, Miss Mabel T. Eager and Mrs. Grant.

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2. *A History of the Friends of the Deaconess Hospital, Inc.,* by Mrs. Alice S. Warren, 1966, p. 3.

Lahey Clinic was established to provide pa tients with total medical care under one roof.

THE LAHEY CLINIC FOUNDATION

The Lahey Clinic Foundation, a nonprofit corporation founded in 1923, consists of three operating divisions: clinic, research, and hospital. The clinic division, which is the medical arm of the foundation, also conducts an extensive educational program.

The primary function of the foundation is the care of the sick – providing patients with total medical attention through the work of a staff of physicians and technicians in different specialties.

Lahey Clinic was founded by Dr. Frank H. Lahey, a private practitioner who began his work in 1914 at the Deaconess Thyroid Clinic with a Benedict portable respirometer for estimating basal metabolism. By 1922, people from all over the East Coast and Canada were coming to the Deaconess to see Dr. Lahey.

A working base for the Lahey Clinic was formed in 1922 by Dr. Lahey and two of his associates: Dr. Sara Jordan and Dr. Lincoln Sise. In creating the clinic, Dr. Lahey's dream was to provide patients with the advantage of housing all medical specialties under one roof.

By 1924, Dr. Lahey's dream was a reality and ranked as the third largest clinic in the United States. Patients came from all over the country and from many foreign nations to reap its benefits.

As one of the first four permanent staff members of the Deaconess, and as surgeon-in-chief of the Deaconess from 1929 until 1952, Dr. Lahey's association with the hospital remained strong throughout his medical career.

National recognition was paid to Dr. Lahey on many occasions. During World War II, he was named chairman of the War Manpower Commission's Medical Procurement and Assignment Service, and President Roosevelt appointed him to a special commission on medical standards. In 1946, Dr. Lahey was given the Medal of Merit by the Secretary of the Navy and a Certificate of Merit by President Truman. He was a recipient of the Friedenwald Medal from the American Gastroenterological Society and the Henry Jacob Bigelow Medal for surgical accomplishments.

Dr. Richard B. Cattell succeeded Dr. Lahey as chief-of-surgery in the Deaconess division in 1952, and as director of the clinic in 1953. He was chairman of the NEDH Medical Administrative Board for ten years until illness forced his resignation from these positions in 1962. In recognition of his years of service, two wings on Central 11 are to be named in Dr. Cattell's honor.

Director of Lahey Clinic from 1962 to 1965 was Dr. Herbert D. Adams, a thoracic surgeon who began his surgical career at the Deaconess in 1928 as a fourth year student at Harvard Medical School. He and Dr. John W. Norcross, an internist with a special interest in hematology, are successive chairmen of Lahey Clinic's Board of Governors and have served in medical administrative capacities at the Deaconess Hospital. In 1964 the Lahey Foundation and Clinic merged producing the Lahey Clinic Foundation, a nonprofit Massachusetts corporation. At that time, Donald H. McLean, Jr. was elected president.

From its inception, Lahey has been a pioneer in the application of group medical techniques to the care and treatment of patients. In recent years, this type of health care delivery is proving to be one of the most efficient systems as the nation seeks to meet the great demands of our grow-

The reception desk in the lobby of Lahey Clinic is in a constant state of activity.

ing population for more and better care.

Over 500 patients are seen at the Lahey Clinic every day. Of these approximately 80 are new patients. They come from every state in the union and from 45 foreign countries to take advantage of the clinic's diagnostic and treatment facilities which are complemented by research, education, and a close affiliation with some of Boston's finest hospitals.

In addition to the medical and surgical patients of Lahey Clinic Foundation admitted to the Deaconess, special procedures are performed, such as: open heart surgery, psychiatric care, organ transplantation, chemotherapy and special care of thyroid and diabetic patients.

In a traditional gesture of support to the hospital, Lahey annually makes a contribution to the scholarship fund of the New England Deaconess Hospital School of Nursing. During the recently completed fund drive for the new Central building and facilities, Lahey made an institutional contribution of $500,000.

Dr. Cornelius Sedgwick, member of the Lahey Surgical Staff and vice-chairman of the clinic's board of

governors, currently serves as chairman of the department of surgery at the Deaconess. In addition, many of the Lahey Medical Staff serve on a variety of the important committees at the hospital.

In January 1971, Lahey received town approval to construct a major new medical center on a forty-acre tract of land in Burlington, Massachusetts. This is a progressive and rapidly growing community located at the junction of Routes 128 and 3, just outside greater Boston. A 200-bed hospital is included as part of Lahey's Burlington plans. There will also be a complete out-patient facility and an increased scope of all medical activities, such as the addition of pediatrics and the entry of Lahey into the field of community medicine. The foundation will also continue to serve as a referral center.

It is significant that over the past forty-eight years, Lahey has not only grown substantially in terms of staff and the number of patients seen at the clinic and hospitals, but also that its close tie with the Deaconess Hospital remains a source of strength in continuing the highest quality patient care for both institutions.

Dr. Ferdinand A. Saltzman, radiologist, interprets patient x-rays to two Lahey residents.

JOSLIN DIABETES FOUNDATION, INC.

The Deaconess recognizes the 75th year of its founding in 1971, and the medical world pays tribute to the 50th anniversary of the discovery of insulin. Diabetes mellitus is one of the first chronic diseases in which the Deaconess Hospital began to specialize its research and patient care.

Dr. Elliott P. Joslin, member of the Deaconess Hospital's staff from 1897 until his death in 1962, was a pioneer in the field of teaching patients and their families the proper care and treatment of diabetes. His medical practice was dedicated to the expansion of the diabetic patient's well-being. Dr. Joslin contributed over 100 publications about diabetes to the medical world including two books: *Treatment of Diabetes Mellitus* (first edition 1916, eleventh edition 1971) for physicians, and *Diabetic Manual* (first edition 1918, tenth edition 1959) for patients.

When the William Nast Brodbeck Cottage opened in 1915, diabetics were people who recognized time as a precious commodity. Insulin was only a few years away and its discovery meant the beginning of normal lives for those afflicted with the disease.

On August 7, 1922, the first insulin administered in New England was given to Miss Elizabeth Mudge, R.N., at the Brodbeck Cottage. The 41-year-old woman weighed 74 pounds and had not been able to leave her apartment for nine months. After six weeks of treatment, she gained 31 pounds and was able to walk with ease four miles a day. Miss Mudge lived for 25 more years.

Under Dr. Joslin's direction, educational work expanded to the extent that by 1920, nurses were trained in diabetic patient care and sent to such places as Florida and Canada to instruct others. Doctors and nurses from many states and countries came to Dr. Joslin to learn methods of treating diabetes.

After the advent of insulin, classes were set up at Brodbeck Cottage for instruction in proper home care. "Wandering" diabetic nurses traveled throughout New England to help former patients and sometimes entire communities.

Dr. Joslin worked unceasingly to teach patients the importance of foot care in the prevention of infection and gangrene and christened the foot room a "Beauty Parlor for Diabetic Feet." The first diabetic foot room and dental clinic in the world were established at the Deaconess Hospital. Research brought about great improvements in diabetic surgery and, in the early 1920's, it was demonstrated that diabetic coma is not necessarily fatal.

In 1934, the George F. Baker Clinic opened on Pilgrim Road. This addition to the Deaconess Hospital provided more beds, laboratory space, and housed the numerous activities related to the care of diabetic patients. Its benefactor, George F. Baker, stipulated that the clinic be built for the study and care of chronic diseases, particularly diabetes mellitus.

Always a man of foresight, Dr. Joslin bought land on Pilgrim Road in 1932. His wish was to someday build a clinic for the treatment of diabetic patients. Twelve years later, Dr. Joslin set up three trust funds to promote research and the education of patients

A fifty year medal for people who have lived with diabetes for half a century has been awarded to 20 people from its creation in May 1970 until September 1971. The medal was designed by Miss Amelia Peabody, noted sculptress and a trustee of the New England Deaconess Hospital.

Created in 1948, the Quarter Century Victory Medal is given to those persons who, after 25 or more years of diabetes, have been pronounced physically sound with no complications in the eyes, kidneys or blood vessels attributable to diabetes. From July 1948 through July 1971, 136 people received the medal.

Dr. Elliott P. Joslin, a man of great foresight, was a pioneer in the field of teaching diabetics the proper care and treatment of their affliction.

and professional people, and for the maintenance of summer camps for diabetic children.

The Diabetes Foundation, Inc., was established in May 1953, as an educational, scientific and non-profit organization. It raised funds for the construction of the building on Pilgrim and Joslin Roads that opened in 1957.

After Dr. Joslin's death in 1962, patient care, research and the education of patients and professional workers, continued under the direction of Dr. Howard F. Root, who died in 1967, and Dr. Alexander Marble, current president of the foundation. In 1968, the Diabetes Foundation was renamed Joslin Diabetes Foundation, Inc. The foundation now has four divisions: the Joslin Clinic, the Elliott P. Joslin Research Laboratory, the education division, and the youth programs - camp, home and hospital division.

Staffed and operated by the Deaconess Hospital, the teaching unit represents a totally new concept in the care of diabetic patients. All patients are ambulatory and able to attend classes given daily by Joslin Clinic doctors and Deaconess teaching nurses. Patients stay an average of six days and learn the importance of diet and exercise, and the reasons for using insulin and how to administer it. They gain strength and confidence in themselves by learning with other people afflicted with diabetes.

The Joslin Clinic is composed of physicians who are specialists in internal medicine. They are devoted to providing the best possible medical care to patients, particularly those with diabetes. Because of their ongoing interest in the individual diabetic, the entire professional staff is deeply involved in the medical care of each patient.

In keeping with Dr. Joslin's interest in continuous education, the Joslin Clinic and Deaconess Hospital Teaching Unit provide instruction for diabetics and their families. Both give guidance to medical and paramedical personnel who come from many parts of the world.

Dr. Joslin's dream to open a clinic for the treatment of diabetic patients became a reality when this building opened in 1957.

OVERHOLT THORACIC CLINIC

The evolvement of what is today the Overholt Thoracic Clinic began in 1938. This was a period of new and stimulating developments which have led to the modern treatment of lung disease. Only five years earlier, at the New England Deaconess Hospital, Dr. Richard H. Overholt had performed the first successful operation for the removal of a diseased right lung.

Until these times, advances in the primary treatment of tuberculosis were medical, and there was no effective therapy for bronchogenic cancer. Surgery in this area was confined to the chest wall, and consisted principally of methods of collapse of the diseased lung.

As the skills of anesthesia and surgery progressed, so did new concepts and techniques. Removal of disease from the lung, once attempted only as a desperate risk, started to be done as a curative procedure for cancer, tuberculosis, bronchiectasis and other pulmonary abnormalities. At first the unit of resection was the entire lung, then, to conserve healthy tissue, more complex techniques evolved using a lobe of the lung as a unit, and then a segment of a lobe. The Overholt Clinic pioneered in the development of segmental surgery.

Thoracic operations of all types are performed by surgeons from Overholt Thoracic Clinic.

The clinic also innovated and developed the "face down" patient position. This prone position not only permits more natural breathing during the operation, but prevents flooding of the good lung, and provides better exposure and control of vascular structures. Most of these early operations were done at the Deaconess Hospital and patients came from all over the world to this center.

The Overholt Clinic also played a pioneer part in the development of heart surgery. After World War Two, the first breakthrough occurred in other hospitals, but soon afterward successful cardiac operations were performed by clinic surgeons at the Deaconess Hospital. This early heart surgery by the "closed" method, imaginative in concept and lifesaving in practice, proved to be a step toward the modern methods.

The clinic has had an active part in the evolution of "open" heart surgery and has made significant contributions to the development of the cardio-pulmonary bypass; the so-called heart-lung machine. The practice of hemodilution, now used by

The Overholt Thoracic Clinic opened at 135 Francis Street in 1955

practically all heart centers, was conceived by Dr. Wilford B. Neptune of the Overholt Clinic and was done at the Deaconess Hospital.

Perhaps the most important involvement of the Overholt Clinic has been in its determination of the lung cancer-cigarette association. Besides its pioneer work in the indictment of tobacco, clinic doctors have testified in court cases seeking to set a legal precedent in the responsibility for causing lung cancer. They have been instrumental in having most of the significant medical societies pass resolutions condemning cigarette smoking. Clinic personnel spend much time educating the public about this hazardous habit, with special attention given to schools and the pre-smoking student.

At the present time, all types of thoracic operations (heart, lung and the upper digestive tract) are being done by clinic surgeons. The notable exception has been transplantation of either lung or heart. The Overholt Clinic surgeons, while maintaining study on this and other innovations, think that the time has not yet come for justified transplantations in the chest area.

NEW ENGLAND
DEACONESS
HOSPITAL

FUTURE PROJECTIONS FOR THE DEACONESS

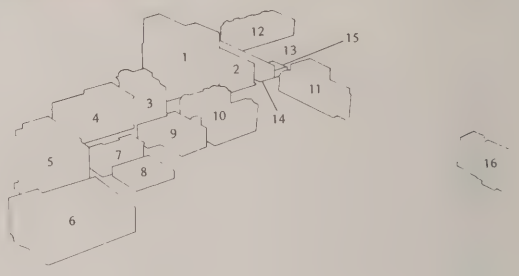
Two major construction projects face the Deaconess Hospital of tomorrow. The one of pre-eminent importance is a second garage. City regulations prohibit any further construction on the premises until the parking facilities are increased at the hospital.

Located on the site of the Pilgrim Road employee parking lot, the seven-level garage will house 415 cars when it is completed. Excavation for the facility began in August 1971, and the projected date of occupancy is fall 1972.

A building to be constructed on the site of Norwich House is planned for the use of the radiation therapy and pathology departments. The first floor will be designed exclusively for radiation therapy, and the rest of the facility will provide much needed space for laboratories that are now so badly crowded within the Palmer building.

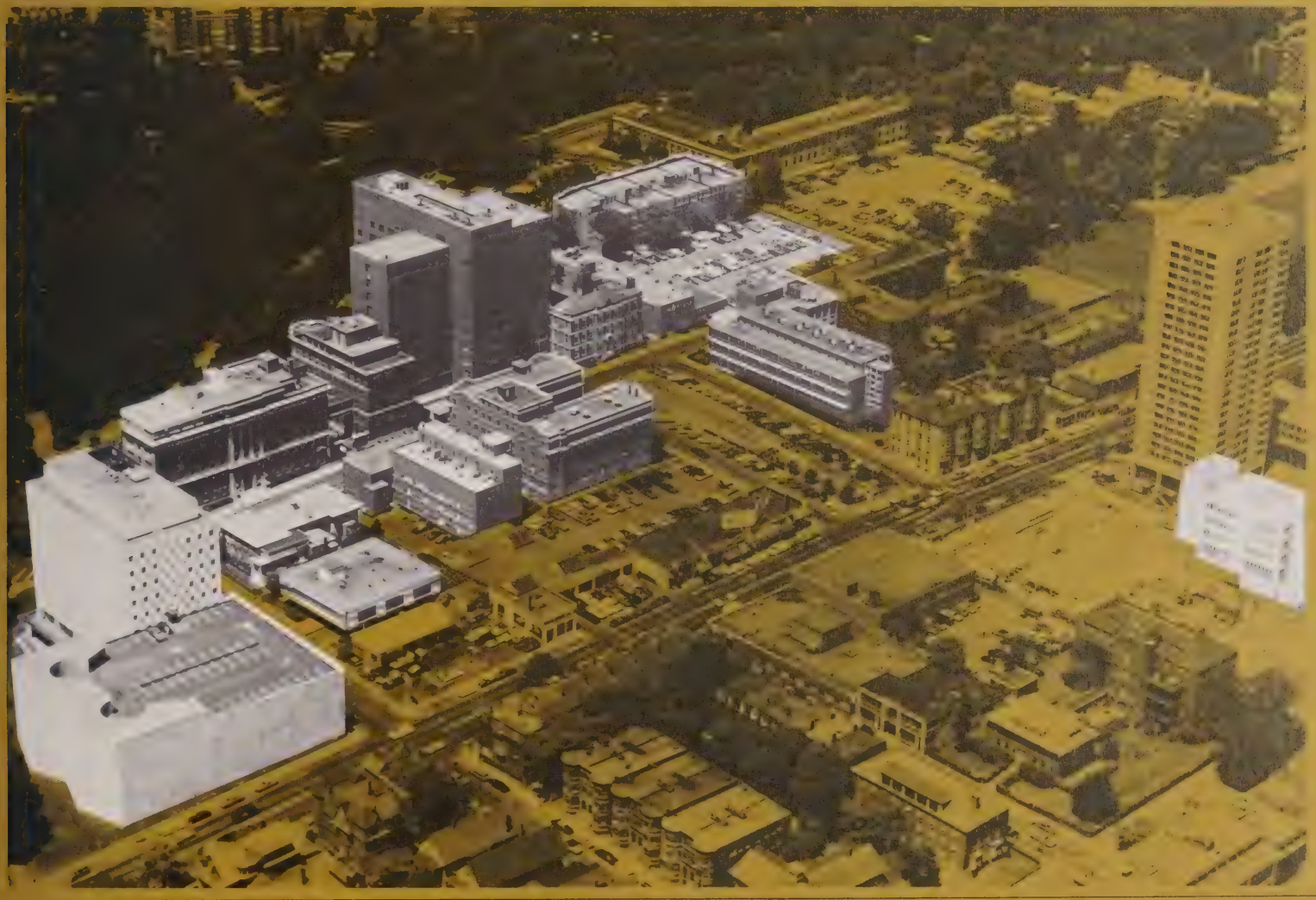
New classrooms, laboratories and offices are needed for the NEDH School of Nursing and may be built on available Autumn Street property. A complete renovation of the Harris Hall student residence is also under consideration.

Representatives of the Boston Redevelopment Authority have stated that beyond these three projects, no additional facilities, such as an extended care building or a nursing home, can be constructed on the present Deaconess Hospital site.



Legend

1 Central Building
2 Deaconess Building
3 Baker Building
4 Palmer Building
5 Medical Office Building
6 Medical Office Building Garage
7 Norwich House
—the future site of a building for radiation therapy and pathology
8 Overholt Thoracic Clinic
9 Cancer Research Institute
10 Harris Hall
11 Joslin Clinic
12 Employee Apartments
13 *Site of a 415-car parking facility currently under construction*
14 Maintenance and Engineering Building
15 Laundry Building
16 Shields Warren Radiation Laboratory



MEDICAL STAFF

The reputation of the New England Deaconess Hospital stems from the traditional high standards of patient care maintained by the members of its medical staff. These dedicated physicians, top specialists in their chosen fields, continue to generate the warmth, compassion, and medical proficiency that has characterized the people who have served the Deaconess Hospital throughout its history.

Deaconess staff members strive to avoid complacency. Aware of the relevance of current modes of diagnosis, treatment and research, they constantly seek ways to improve the calibre of the patient care they render. Innovations in medical and surgical practice, research and education are evaluated carefully by the staff to determine the potential impact on the individual patient.

Continuing education programs, including numerous conferences as well as medical and surgical rounds, are sponsored by the Deaconess Hospital to help the staff keep abreast of the most recent information so that the doctors, in turn, can provide their patients with the best possible treatment modalities.

Staff members, many of whom are associated with Harvard Medical School, work closely with medical students, interns and residents at the hospital. Their willingness to communicate ideas and knowledge is essential at a teaching hospital charged with the responsibility of conveying the clinical application of surgical and medical theories.

It is a credit to the Deaconess staff that the hospital's house staff training programs are heavily subscribed and attract skilled, alert young doctors. The quality of applicants to the varied training programs implies a recognition of the staff's intangible dedication to the finest traditions of patient care.

Deaconess staff members selectively screen the credentials of doctors who wish to join them. High qualifications for membership are maintained to ensure that good patient care remains the priority of every specialist at the Deaconess Hospital.

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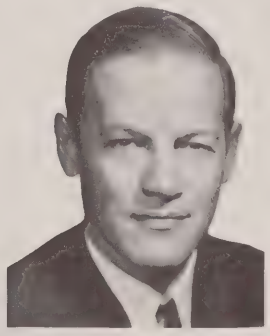

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Cornelius E. Sedgwick, M.D.
James L. Tullis, M.D.
R.D. Lowry, *Secretary*

Administration

Executive Vice President
R.D. Lowry

Director
Richard E. Lee

Assistant Directors
Ellen Adams
Theodore F. Koch
Hubert D. Sycamore

Assistant Director and Director of Nursing
Ellen D. Howland

Night Administrator
John F. Slayton

Administrative Assistant
Peter P. Campisano

Director of Administrative Services
Marjorie M. LeBeau

Chief Booking Officer
William J. Flatley

Chaplain to the Hospital
Ralph A. Curtis

Controller
Dean A. Annis

Director of Development
Maurice Fremont-Smith

Director of Dietetics
Charlotte L. Donaldson

Director Employee Relations
Francis Matthews

Executive Housekeeper
Joseph E. Doherty

Laundry Manager
Roger G. Peterson

Director of Maintenance and Engineering
Cornelius H. Keating

Director of Medical Record Department
E. Louise Seymour

Office Manager
Bertina Terkelsen

Director of Patient Services
William E. Branson

Manager of Pharmacy Services
Charles F. Schraub

Public Relations Director
Evans F. Houghton

Manager of Purchasing Services
Joseph C. Ippolito

Social Service Director
Lucile F. Palmer

Director of Surgical Services
Ruth E. Pendleton

Systems and Planning Manager
Priscilla Tinkham

Director of Volunteers
Irma A. Kellner

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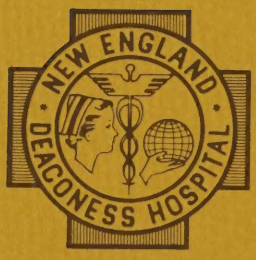
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